

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>fl</i>		7-19-00

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)...	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date				
	1	10	11	12	13
Final	✓	✓	✓	✓	✓
Original	✓	✓	✓	✓	✓
1	✓	✓	✓	✓	✓
2	✓	✓	✓	✓	✓
3	✓	✓	✓	✓	✓
4	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓
6	✓	✓	✓	✓	✓
7	✓	✓	✓	✓	✓
8	✓	✓	✓	✓	✓
9	✓	✓	✓	✓	✓
10	✓	✓	✓	✓	✓
11	✓	✓	✓	✓	✓
12	✓	✓	✓	✓	✓
13	✓	✓	✓	✓	✓
14	✓	✓	✓	✓	✓
15	✓	✓	✓	✓	✓
16	✓	✓	✓	✓	✓
17	✓	✓	✓	✓	✓
18	✓	✓	✓	✓	✓
19	✓	✓	✓	✓	✓
20	✓	✓	✓	✓	✓
21	✓	✓	✓	✓	✓
22	✓	✓	✓	✓	✓
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25	✓	✓	✓	✓	✓
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30	✓	✓	✓	✓	✓
31	✓	✓	✓	✓	✓
32	✓	✓	✓	✓	✓
33	✓	✓	✓	✓	✓
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35	✓	✓	✓	✓	✓
36	✓	✓	✓	✓	✓
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39	✓	✓	✓	✓	✓
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41	✓	✓	✓	✓	✓
42	✓	✓	✓	✓	✓
43	✓	✓	✓	✓	✓
44	✓	✓	✓	✓	✓
45	✓	✓	✓	✓	✓
46	✓	✓	✓	✓	✓
47	✓	✓	✓	✓	✓
48	✓	✓	✓	✓	✓
49	✓	✓	✓	✓	✓
50	✓	✓	✓	✓	✓

Claim	Date
Final	Original
51	✓
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58	✓
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70	✓
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions
staple additional sheet here

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